

Complete Summary

GUIDELINE TITLE

Parameter on chronic periodontitis with advanced loss of periodontal support.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on chronic periodontitis with advanced loss of periodontal support. J Periodontol 2000 May; 71(5 Suppl):856-8. [26 references]

COMPLETE SUMMARY CONTENT

SCOPE
 METHODOLOGY - including Rating Scheme and Cost Analysis
 RECOMMENDATIONS
 EVIDENCE SUPPORTING THE RECOMMENDATIONS
 BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
 QUALIFYING STATEMENTS
 IMPLEMENTATION OF THE GUIDELINE
 INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT
 CATEGORIES
 IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

Chronic periodontitis with advanced loss of periodontal support

GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness
 Evaluation
 Treatment

CLINICAL SPECIALTY

Dentistry

INTENDED USERS

Dentists

GUIDELINE OBJECTIVE(S)

To provide a parameter on the treatment of chronic periodontitis with advanced loss of periodontal supporting tissues.

TARGET POPULATION

Patients with chronic periodontitis and advanced loss of periodontal supporting tissue.

INTERVENTIONS AND PRACTICES CONSIDERED

1. Elimination, alteration, or control of systemic risk factors
2. Instruction, reinforcement, and evaluation of the patient's plaque control
3. Supra-and subgingival scaling and root planing
4. Use of antimicrobial agents and devices
5. Elimination or control of local factors including, removal/reshaping of restorative overhangs and over-contoured crowns, correction of ill-fitting prosthetic appliances, restoration of carious lesions, odontoplasty, tooth movement, restoration of open contacts resulting in food impaction, treatment of occlusal trauma, and extraction of hopeless teeth
6. Compromised therapy
7. Periodontal surgery including, gingival augmentation therapy, regenerative therapy and resective therapy
8. Periodontal maintenance
9. Other treatments including, refinement therapy, treatment of residual risk factors and problem focused surgical therapy

MAJOR OUTCOMES CONSIDERED

Efficacy of therapy, as noted by changes in:

- Gingival inflammation
- Probing depths
- Clinical attachment
- Osseous lesions
- Occlusal stability
- Plaque level

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Approved by the Board of Trustees, American Academy of Periodontology, May 1998.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Therapeutic Goals

The goals of periodontal therapy are to alter or eliminate the microbial etiology and contributing risk factors for periodontitis, thereby arresting the progression of disease and preserving the dentition in a state of health, comfort, and function with appropriate esthetics; and to prevent the recurrence of periodontitis. In addition, regeneration of periodontal attachment apparatus, where indicated, may be attempted.

Treatment Considerations

Clinical judgment is an integral part of the decision-making process. Many factors affect the decisions for appropriate therapy(ies) and the expected therapeutic results. Patient-related factors include systemic health, age, compliance, therapeutic preferences, and patient's ability to control plaque. Other factors include the clinician's ability to remove subgingival deposits, prosthetic demands, and the presence and treatment of teeth with more advanced adult periodontitis.

Treatment considerations for patients with advanced loss of periodontal support include:

Initial Therapy

1. Contributing systemic risk factors may affect treatment and therapeutic outcomes for adult periodontitis. These may include diabetes, smoking, certain periodontal bacteria, aging, gender, genetic predisposition, systemic diseases and conditions (immunosuppression), stress, nutrition, pregnancy, HIV infection, substance abuse, and medications. Elimination, alteration, or control of risk factors which may contribute to adult periodontitis should be attempted. Consultation with the patient's physician may be indicated.
2. Instruction, reinforcement, and evaluation of the patient's plaque control should be performed.
3. Supra- and subgingival scaling and root planing should be performed to remove microbial plaque and calculus.
4. Antimicrobial agents or devices may be used as adjuncts. Subgingival microbial samples may be collected from selected sites for analysis, possibly including antibiotic-sensitivity testing.
5. Local factors contributing to chronic periodontitis should be eliminated, or controlled. To accomplish this, the following procedures may be considered:
 - a. Removal or reshaping of restorative overhangs and over-contoured crowns
 - b. Correction of ill-fitting prosthetic appliances
 - c. Restoration of carious lesions
 - d. Odontoplasty
 - e. Tooth movement
 - f. Restoration of open contacts which have resulted in food impaction
 - g. Treatment of occlusal trauma
 - h. Extraction of hopeless teeth
6. For reasons of health, lack of effectiveness or non-compliance with plaque control, patient desires, or therapist's decision, appropriate treatment to control the disease may be deferred or declined.

Compromised Therapy

In certain cases, because of the severity and extent of disease and the age and health of the patient, treatment that is not intended to attain optimal results may be indicated. In these cases, initial therapy may become the end point. This should include timely periodontal maintenance.

Periodontal Surgery

In patients with chronic periodontitis with advanced loss of periodontal support, periodontal surgery should be considered. A variety of surgical treatment modalities may be appropriate in managing the patient.

1. Gingival augmentation therapy
2. Regenerative therapy
 - a. Bone replacement grafts
 - b. Guided tissue regeneration
 - c. Combined regenerative techniques
3. Resective therapy
 - a. Flaps with or without osseous surgery
 - b. Root resective therapy
 - c. Gingivectomy

Other Treatments

1. Refinement therapy to achieve therapeutic objectives
2. Treatment of residual risk factors should be considered; e.g., cessation of smoking, control of diabetes
3. Problem focused surgical therapy. This approach may be considered to enhance effective root debridement, to possibly enhance regenerative therapy, to reduce gingival recession, etc. on patients who demonstrate effective plaque control and favorable compliance in their prior dental care.
4. An appropriate initial interval for supportive periodontal maintenance should be determined by the clinician (see the Periodontal Maintenance Parameter).

Outcomes Assessment

1. The desired outcome of periodontal therapy in patients with adult periodontitis with advanced loss of periodontal support should include
 - a. Significant reduction of clinical signs of gingival inflammation
 - b. Reduction of probing depths
 - c. Stabilization or gain of clinical attachment
 - d. Radiographic resolution of osseous lesions
 - e. Progress toward occlusal stability
 - f. Progress toward the reduction of clinically detectable plaque to a level compatible with gingival health.
2. Areas where the periodontal condition does not resolve may occur and be characterized by:
 - a. Inflammation of the gingival tissues
 - b. Persistent or increasing probing depths
 - c. Lack of stability of clinical attachment
 - d. Persistent clinically detectable plaque levels not compatible with gingival health
3. In patients where the periodontal condition does not resolve, additional therapy may be required:
 - a. Not all patients or sites will respond equally or acceptably.
 - b. Additional therapy may be warranted on a site specific basis.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Altering or eliminating the microbial etiology and contributing risk factors for periodontitis
- Arresting the progression of periodontitis and preserving the dentition in a state of health, comfort, and function with appropriate esthetics.
- Preventing the recurrence of periodontitis.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

1. Each parameter should be considered in its entirety. It should be recognized that adherence to any parameter will not obviate all complications or post-care problems in periodontal therapy. A parameter should not be deemed inclusive of all methods of care or exclusive of treatment appropriately directed to obtain the same results. It should also be noted that these parameters summarize patient evaluation and treatment procedures which have been presented in more detail in the medical and dental literature.
2. It is important to emphasize that the final judgment regarding the care for any given patient must be determined by the dentist. The fact that dental treatment varies from a practice parameter does not of itself establish that a dentist has not met the required standard of care. Ultimately, it is the dentist who must determine the appropriate course of treatment to provide a reasonable outcome for the patient. It is the dentist, together with the patient, who has the final responsibility for making decisions about therapeutic options.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on chronic periodontitis with advanced loss of periodontal support. J Periodontol 2000 May; 71(5 Suppl):856-8. [26 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1996 Oct (revised 2000 May)

GUIDELINE DEVELOPER(S)

American Academy of Periodontology - Professional Association

SOURCE(S) OF FUNDING

American Academy of Periodontology

GUIDELINE COMMITTEE

Ad Hoc Committee on Parameters of Care

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline. It is an update of a previously issued document (Parameters of care. Chicago (IL): American Academy of Periodontology; 1996 Oct. 15-19 [19 references]).

This publication has been edited to reflect decisions by the Board of Trustees in approving the term "periodontal maintenance" in lieu of "supportive periodontal therapy" (January 2000) and a new classification of periodontal diseases, as published in the Annals of Periodontology, December 1999; Volume 4, Number 1 (April 2000).

An update is not in progress at this time.

GUIDELINE AVAILABILITY

The complete set (13 parameters) of the American Academy of Periodontology Parameters of Care can be downloaded from the Academy's Web site. An Adobe Acrobat Reader is required to download the publication.

To access the Academy's Web site, go to www.perio.org. To access a copy of the Parameters of Care, go to www.perio.org/resources-products/pdf/parameters.pdf.

AVAILABILITY OF COMPANION DOCUMENTS

This is one of 13 practice parameters available in the American Academy of Periodontology Parameters of Care. This journal supplement includes a Foreword and an Overview.

To access the Academy's Web site, go to www.perio.org. To access a copy of the Parameters of Care, go to www.perio.org/resources-products/pdf/parameters.pdf.

PATIENT RESOURCES

None available

NGC STATUS

This is an update of a previously issued summary that was originally completed by ECRI on March 25, 1999, was verified by the guideline developer on April 26, 1999, and was published to the NGC Web site in May 1999. The updated summary was verified by the guideline developer as of October 17, 2000.

COPYRIGHT STATEMENT

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Date Modified: 11/15/2004

The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I".

